Behavioral Health Services

UW Behavioral Health Care Management is a valuable resource to our members in need of mental health and substance abuse services.

When Physicians Plus members reach out to UW Behavioral Health Care Management, they receive sensitive, compassionate and confidential information that helps address their particular needs. By contacting UW Behavioral Health Care Management, a member can receive assistance in accessing coverage, become connected with a provider who will more likely meet their needs, coordinate any emergent or urgent needs, and much more.

UW Behavioral Health Care Management (UW BHCM)
(608) 417-4709

Inpatient Services

If a member is admitted to any facility including UPH - Meriter Hospital, UW Behavioral Health Care Management requires telephonic notification during business hours or the next business day, for authorization and utilization review.

Members in Crisis Seeking Emergency Treatment

For emergencies, please contact the member’s therapist. If the member does not currently have a therapist or cannot reach the therapist, call the UPH - Meriter Hospital emergency room or any Physicians Plus-affiliated emergency room. Emergency room personnel will refer the patient to the mental health/chemical dependency professional on call. During business hours, contact UW Behavioral Health Care Management at (608) 417-4709.
Behavioral Health/Chemical Dependency (BH/CD)

Outpatient Behavioral Health Services

Due to the recent passage of federal mental health parity regulations, beginning July 1, 2014, Physicians Plus will no longer require prior authorization for outpatient professional office visits with in-network mental health care providers for coverage under the HMO benefit. As a result, members are no longer required to contact UW Behavioral Health Care Management prior to receiving in-network, outpatient mental health care. However, we strongly encourage our members to take advantage of this important resource prior to receiving care and ask for your support in recommending this resource as well.

Partial Hospitalization (PHP)

Prior to admission into a partial hospitalization program, the psychiatrist or attending clinician must contact UW Behavioral Health Care Management for authorization and utilization review. This may be initiated telephonically. The PHP provider will then submit a “Behavioral Health Outpatient Treatment Plan Request” form which may be faxed to (608) 238-1026.

Intensive Outpatient Services (IOP)

Prior to receiving intensive outpatient services, the psychiatrist or attending clinician must contact UW Behavioral Health Care Management for utilization review. This may be initiated telephonically. The IOP provider will then submit a “Behavioral Health Outpatient Treatment Plan Request” form which may be faxed to (608) 238-1026.

In-Home Services

Prior to receiving services in-home, the psychiatrist or attending clinician must contact UW Behavioral Health Care Management for authorization and utilization review. This may be initiated telephonically. The in-home service provider will then submit a “Behavioral Health Outpatient Treatment Plan Request” form which may be faxed to (608) 238-1026.

Out-of-Network Services

Prior to receiving services out-of-network, the psychiatrist or attending clinician must contact UW Behavioral Health Care Management for authorization and utilization review for coverage under the HMO benefit. This may be telephonically or a “Behavioral Health Outpatient Treatment Plan Request” form may be faxed to (608) 238-1026.
Behavioral Health/Chemical Dependency (BH/CD)

Behavioral Health Outpatient Treatment Plan Request Form

The Behavioral Health Outpatient Treatment Plan Request form is available on our website at www.pplusic.com, “Providers”, “Provider Manual & Forms”, or by clicking here. All fields must be completed, completed forms should be sent to UW Behavioral Health Care Management. In urgent cases the form can be faxed to (608) 238-1026.

You will be notified via fax, phone or mail as necessary regarding the authorization request.

Treatment Philosophy

Our treatment philosophy focuses on functional impairments. The term “functional Impairment” describes a worsening, lessening, weakening or reduction in ability to function and in turn, anticipates a likely potential for repair, improvement and strengthening. They are observable, objective manifestations that may necessitate and justify use of the mental health benefit. There should be a connection between the diagnosis and the functional impairments in the patient’s life. The presence of a diagnosis and functional impairment is necessary, but not sufficient to justify use of the mental health benefit. The use of the mental health benefit for treatment is indicated if the patient’s functioning is impaired and the impairment is caused by a diagnosable disorder that is a covered benefit per the patient’s policy.
Functional Impairment Categories

Five general categories of functional Impairments are listed on the treatment form, along with spaces to enter Severity and Duration codes.

a. PERSONAL/INDIVIDUAL: Impairments in this area reflect a current impact on one’s mental status generated by the disorder. Symptoms which could lead to functional impairment would be compulsions, delusions, hallucinations, eating disorders, hyperactivity, obsessions, paranoia, phobias, self-mutilation, psychotic thoughts and behavior, anhedonia, difficulty sleeping, insomnia, weight loss/gain and suicidal ideation and behavior and anxiety symptoms.

b. FAMILY/SIGNIFICANT OTHER: Impairments in this area refer to the problems generated by the disorder within the patient’s current primary relationships such as family and marital or other close relationships. A person’s ability to relate to others is impaired. (This impairment in itself may not be a justification for use of the covered mental health benefit). Examples of impairments within the family and significant other category are family disruption, sexual dysfunction running away from home, marital/relationship dysfunction, abuse perpetrator and victim of abuse.

c. SOCIAL INTERPERSONAL: These are impairments generated by the disorder that impede a person’s current ability to function, interact, negotiate or manage in his/her social environment. Habitual lying, assaultiveness, oppositionalism, homicidal thoughts/behavior, social withdrawal, sexual deviance, aggression and manipulation of others.

d. WORK/SCHOOL/OTHER: In this sphere the disorder impairs a person in their current work, school, or training or in other attempts at achievement. Examples of impairments would be school phobia, truancy, absenteeism, test phobias, educational performance deficits, learning disability, low frustration tolerance, hopelessness, decrease or inability to function in civic activities or other personal endeavors or interests.

e. AODA ISSUES: This is not an impairment as the definition implies, however it does suggest significant potential for impairment in one’s functioning. It is singled out because it is an important consideration in determining the course and outcome of treatment. Examples of information in this category would be legal charges, work restrictions due to AODA use, blackouts, what they are using and how often.
Severity Codes

SEVERITY CODES are required for each impairment identified. The code is an approximate assessment of the severity of the presenting illness and provides some indication of the appropriate level of treatment or intervention. The following are the functional impairment codes:

0 = None
The impairment is not present; intervention is not medically necessary.

1 = Mild
The impairment is only mildly disruptive in the patient’s life, but may need to be monitored or reevaluated in the future. Intervention may be a referral to a self-help group, patient education group, primary physician, etc.

2 = Moderate
The impairment moderately comprises a person’s functioning. The impairment allows continued functioning in all settings, but it may produce some discomfort for the person. Treatment that is brief and specifically focused may be required to improve the functional impairment to the “mild” or “none” level of severity.

3 = Severe
The impairment severely compromises ability to function without professional mental health services. A person has a major difficulty functioning in vocational endeavors, school and in relationships. Without treatment, functional impairments will increase.

4 = Incapacitating
The patient is incapable of normal activity and/or is potentially dangerous to self and/or others. Urgent and intense treatment is necessary.
- Recent suicide behavior, threat or current ideation.
- Recent violent and destructive behavior or current ideation.
- Recent endangering runaway behavior or current ideation.
- Severely compromised health care skills.
- Frequent bizarre thoughts or behavior.

5 = Life Threatening
There is an imminent danger to self or to others. Immediate evaluation/intervention is necessary. High intensity or emergency treatment is necessary.
- Active suicide threats or behavior
Behavioral Health/Chemical Dependency (BH/CD)

- Active violent and destructive behavior
- Active endangering runaway behavior or risk
- Demonstrable absence of or severely compromised reality testing
- Total inability to perform self-care skills

Treatment Plan

This section allows for specific description of the nature of the functional impairments identified as a treatment focus. The clinical outcome is the measure of treatment progress. It is the goal that the patient, with your guidance, hopes to achieve as a result of the treatment interventions and your guidance. The **Outcomes** describe how treatment will improve functioning. Individualized outcomes must be identified for each impairment. Please state the reasons if treatment is not recommended beyond evaluation.

You do not need to complete each impairment section in the **treatment request** if the impairment was not identified previously. In the **Outcome** section, note all outcome goals for each impairment if there is more than one outcome. Again, these must be measurable and observable goals.

Identify the number of sessions requested for your interventions.

Neuropsychological Testing

Neuropsychological testing for medical or psychological purposes does not require prior authorization when the service is performed by a participating provider.

This includes revenue code 918 and CPT codes 96115 through 96120.
Behavioral Health/Chemical Dependency (BH/CD)

Patient Signature

The patient or responsible adult should be involved in the development of the treatment request. Because of the extended nature of treatment, we want to assure that the patient understands the plan and is committed to following it. The Treatment Request form will be verified by the patient’s signature on the bottom of the form. If you are unable to obtain the signature, please note that you will or have informed patient of this plan.